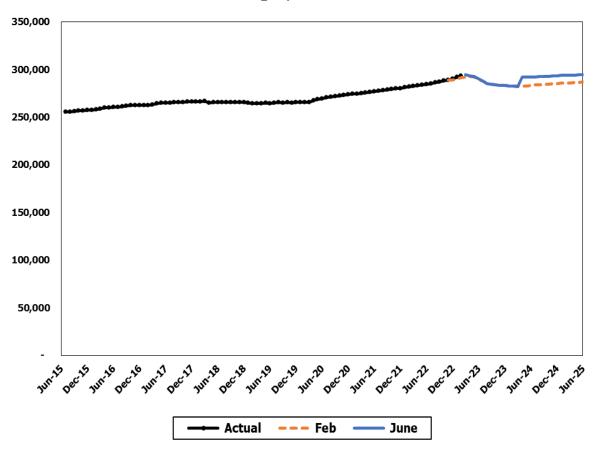
Medical Assistance Aged, Disabled and Other Medical



The forecast for Aged, Disabled and Other Medical is composed of nine component forecasts: Categorically Needy (CN) Aged, CN Disabled, Medically Needy (MN) Aged, MN Disabled, Breast and Cervical Cancer Treatment (BCCT), Healthcare for Workers with Disabilities (HWD), Qualified Medicare Beneficiaries (QMB), Medical Care Services Alien Medical, and Alien Emergency Medical (AEM).

Forecast Comparisons (Fiscal Year Averages)

Fiscal Year	Feb-23 Forecast	Jun-23 Forecast	Feb to Jun Difference	Percent Difference
2023	289,120	289,920	799	0.3%
2024	283,562	285,651	2,089	0.7%
2025	285,061	293,181	8,120	2.8%

The June 2023 forecast is 799 cases or 0.3 percent higher than the February 2023 forecast for FY 2023 and, on average, 5,105 cases or 1.8 percent higher for the 2023-25 Biennium.

Tracking the Current Forecast

		Feb-23			Percent
_	Month	Forecast	Actual	Variance	Variance
	Nov-22	288,342	288,650	308	0.1%
	Dec-22	288,965	289,686	720	0.2%
	Jan-23	290,041	292,103	2,062	0.7%
	Feb-23	290,882	292,927	2,045	0.7%

Actuals are tracking, on average, 1,284 cases or 0.4 percent above the February forecast.

The June caseload forecast primarily reflects the additional funds provided for the Health Care Authority (HCA) to raise the eligibility threshold for the Qualified Medicare Beneficiary program (QMB) from 100 percent of the federal poverty level (FPL) to 110 percent of FPL, effective from April 2024. As a result of this change, clients will transition from the Specified Low Income Medicare Beneficiary (SLMB) Program to the QMB program.

Simultaneously, the pandemic Medicaid continuous enrollment requirement ended in April 2023 and the unwinding period has started. The caseload is expected to decline as the HCA re-determines postponed cases in accordance with federal requirements.

Fiscal Year Caseload Change

Change
1.00/
1 00/
1.9%
1.2%
-0.3%
0.4%
2.9%
2.6%
3.3%
-1.5%
2.6%

Risks to the Forecast

Risks to this forecast are high primarily because of the uncertainties from the Medicaid continuous enrollment unwinding process.